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A
BRIEF
to
THE MEDICAL SERVICES INSURANCE ENQUIRY

Submitted by
THE OPTOMETRICAL ASSOCIATION OF ONTARIO



November 1963

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*The
Optometrical Association
of Ontario*

Dr. J. Gerald Hagey,
Medical Services Insurance Enquiry,
67 College Street,
Toronto 1, Ontario.

Dear Dr. Hagey:

The Optometrical Association of Ontario appreciates the opportunity of appearing before the Enquiry appointed by the Government of Ontario to consider Bill 163 — An Act respecting Medical Services Insurance, and of expressing the views of its membership concerning that Bill. It wishes the Enquiry every success in its work for the people of Ontario.

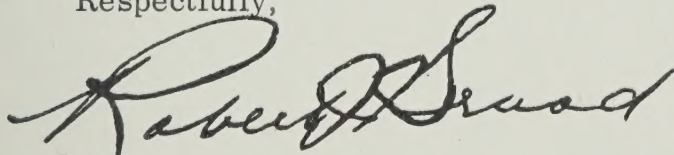
The Association submission is confined to a consideration of those provisions only, of Bill 163, which restrict the provision of benefits to registered medical practitioners.

It is the Association's considered opinion that such a restriction is not in the best interests of the health professions nor conducive to the highest standards of health care in the "maintenance of the physical and material well-being of the people of Ontario".

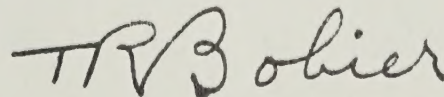
The Association has refrained from any comment concerning its policy toward health insurance services per se but has provided the Enquiry with copies of Canadian Optometry's submissions to the Royal Commission on Health Services in which such a policy is set down, together with much relevant information of possible value to the Enquiry.

It is the earnest desire of all optometrists that the people of Ontario should have the best vision care that scientific knowledge, technical skill, and conscientious human endeavor can provide and this Association assures the Enquiry therefore of its desire to co-operate fully in any way designed to provide that care throughout this Province. It is in this spirit that we present our submission.

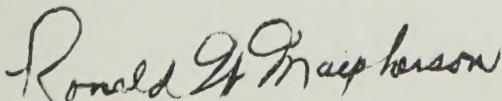
Respectfully,



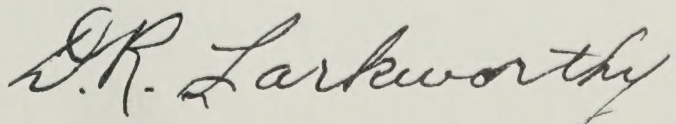
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CONCLUSIONS

and

RECOMMENDATIONS

CONCLUSIONS

1. Bill 163 includes other than medical services. Certain optometric services are included but will be paid for only when performed by a registered medical practitioner.

This is unjust in its effect on the profession of optometry and on the public which it serves. It may seriously affect optometrical education and training.

2. These services, notably the refraction benefit, cannot be provided readily without the participation of optometrists.
3. Bill 163 ignores two basic principles:
 - (a) The proper recognition of services other than medical.
 - (b) The need for prior consultation of health professions before legislation which involves their services.

RECOMMENDATIONS

1. Inclusion of optometrists under Bill 163.
2. Inclusion of optometrists on advisory committees concerning medical services insurance.

INFORMATION

Relative to

THE OPTOMETRICAL ASSOCIATION OF ONTARIO

INFORMATION RELATIVE TO THE OPTOMETRICAL ASSOCIATION OF ONTARIO

1. OBJECTS

The Optometrical Association of Ontario was chartered in 1909, its primary objects being to:

- (a) acquaint the public of the need for and to provide it with the highest standard of vision care,
- (b) maintain the highest possible standard of optometric education at graduate and post graduate levels,
- (c) elevate the profession of optometry to increasingly higher levels of scientific practice,
- (d) correct abuses by those commercial promoters whose motivation and interests are not concerned primarily with the well-being of the public,
- (e) encourage research and experiments in optometric sciences,
- (f) publish suitable professional journals.

2. MEMBERSHIP

Membership in the Optometrical Association of Ontario is voluntary and comprises some 400 members of the total optometric population of 553 in the province.

3. STANDARDS OF PRACTICE

In addition to the statutory high standards of practice, optometrists who are members of the Optometrical Association of Ontario agree to abide by its code of ethics and professional practice.

4. EDUCATION

To practise as an optometrist one must have graduated from an accredited College of Optometry, and be registered under the laws of the Province concerned. In Ontario the requirements for registration are Grade 13 graduation, followed by a four year course at the Ontario College of Optometry or other accredited College of Optometry. The curriculum for the Ontario College of Optometry is set forth in the Regulations under the Optometry Act 1961-62.

Appendix No. 1 is a copy of the applicable regulations.

5. TERMINOLOGY

- (a) Optometric vision care includes:
 - (i) examination of the eyes to determine the presence or absence of pathology as manifested in the eye and its adnexa,

- (ii) examination to determine the refractive state of the eyes to determine the patient's ability to see clearly, comfortably and efficiently,
 - (iii) study of the co-ordination of the eyes,
 - (iv) prescription for correction of anomalies when present; verification of lens formulae and ophthalmic materials used; the use of orthoptics, visual training, spectacles, contact lenses or special devices as clinically indicated,
 - (v) fitting and periodical care of prescribed materials.
- (b) The term "refraction" is something of a misnomer and does not cover fully the procedure which it implies. The diagnostic procedures (i), (ii) and (iii) above, together with full consideration of the patient's case history are all part of the complete vision analysis generally, somewhat loosely, referred to as a refraction.

7. REFERRALS

The optometrist is medically trained to detect, recognize and understand pathological conditions manifested in the eyes. When an optometrist discovers or suspects the presence of pathology, the patient is referred to a medical practitioner. Referrals and in fact the inter-practitioner relationship between individual optometrists and medical practitioners generally speaking work most satisfactorily.

A BRIEF

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BRIEF
to the
Medical Services Insurance Enquiry on Bill 163
- An Act respecting Medical Services Insurance -
submitted by
The Optometrical Association of Ontario

* * *

DISCRIMINATORY ASPECTS OF BILL 163

1. The Optometrical Association of Ontario wishes to record, with all due respect, its disapproval of those provisions of Bill 163 which restrict re-imbbursement for services to medical practitioners only.
2. Bill 163 provides for a number of services which are regularly performed by duly qualified and registered practitioners other than medical practitioners. However, the Bill limits payment to the latter only. This Association takes exception to such discrimination.
3. This discrimination would subject the public, and especially the patients of other than medical practitioners, to an unjustifiable restriction in their choice of practitioner. Freedom of choice is an inalienable right which should not be interfered with.
4. By limiting the provision of benefits to medical practitioners, Bill 163 also overlooks the trend of modern health insurance plans towards comprehensive coverage.

MEDICAL INSURANCE TRENDS OVERLOOKED

5. This trend is reflected not only in increased dollar benefits for medical-surgical expenses, but also in the inclusion of other than medical practitioners in providing the benefits for the public.
6. The broad coverage of present day plans is a result of public demand for full claims payment when expense has been incurred, even for the more common day-to-day ailments. People have found it preferable to pay a known amount in advance rather than be inconvenienced by an unexpected expenditure, great or small, after the event.
7. As an indication of present day trends for broader coverage, Appendix II lists some of the companies in Canada which now include a refraction benefit in certain of their contracts and provide that the service may be performed by either optometrists or medical practitioners.

PATIENT-PRACTITIONER RELATIONSHIP DISTURBED

8. Premier Robarts in his statement of principles governing Bill 163, reported in the Toronto Star, April 24th of this year, recognized the generally accepted principle of not disturbing existing patient-practitioner relationships. Bill 163, however, by legislating that insurance carriers must make certain benefits available to the public but pay for them only when "provided by or under the supervision of a physician", results in the following unjust interference:
- (a) the patient is forced to use the medical profession only, or pay a fee, over and above the premium already paid, for the privilege of exercising his right to select the duly qualified practitioner of his choice;
 - (b) those practitioners, other than medical, whose services are included in the Bill, but who themselves will not be paid under the provisions of the Bill, will undoubtedly lose patients to physicians who are so paid.
9. The government which, under its own statutes, permits two professions to perform a similar service ought not to direct the public to one only of those professions. Bill 163 does this, however, by forcing the carrier to discriminate against all but the medical profession.

PROCEDURES COMMON TO OPTOMETRISTS AND PHYSICIANS

10. There are a number of vision care procedures common to physicians and optometrists, e.g., orthoptics, campimetry and perimetry, tonometry, refractions, for which payment under Bill 163 would be made to physicians only. The objections which this Association wish to make concerning the Bill can perhaps be considered best in terms of the refraction benefit.
11. The inclusion of the refraction benefit in Bill 163 clearly indicates recognition of the importance of vision care for the well-being of the people in Ontario. That the benefit is to be provided by physicians only indicates that little or no cognizance has been taken of the extent of optometry's participation in providing vision care services to the people of Ontario. Bill 163 denies ready availability of those services, to several hundred thousands of Ontario residents, by failing to include optometrists.

EXTENT AND DISTRIBUTION OF OPTOMETRIC SERVICE DISCUSSED

12. Optometrists perform more than 600,000 refractions each year; and their patients number more than 1,700,000 in the Province.

13. Optometrists practise in nearly every centre of population in Ontario. Optometrical vision care services are thus readily available throughout the Province. The other profession providing vision care services is ophthalmology, i.e., ophthalmologists and oculists. Rarely does the general medical practitioner enter this field. Ophthalmologists, understandably, tend to locate in the larger centres of population.
14. There are 126 cities and towns of 3000 or more population in Ontario. In 108 of these and in an additional 10 centres of less than 3000 people, there are resident optometrists in practise. Of the eighteen centres where there is no resident optometrist, neither is there an ophthalmologist. However, optometrists do make regular visits to all of these eighteen centres.
15. In only 47 of these 126 centres is there an ophthalmologist or refracting physician in practice. In no instance, as far as we know, is there a centre where a physician only provides vision care for the public and no optometric service is provided.
16. Appendix No. III shows the distribution throughout Ontario of optometrists and medical practitioners who perform refractions. The wider distribution of optometrists in the Province is clearly apparent.

BILL 163 VITIATES RIGHTS OF THE INSURED

17. People who purchase any health plan which includes a refraction benefit have a right to expect that the benefit will be readily available, as well as the right to choose their practitioner freely. Both of these rights are vitiated by the provisions of Bill 163, because the insured:
 - (a) are not permitted freedom of choice between optometrists and ophthalmologists. Rather, the choice is one of going to an ophthalmologist or paying an additional fee, over and above the premium, if optometric examination is preferred;
 - (b) are paying for a benefit which is not always readily available. In many areas there is no ophthalmologist conveniently near to provide the refraction benefit, and yet there is a duly qualified optometrist in that very location (See Appendix III). The insured is therefore faced with travelling some distance for examination or paying a fee to have the examination carried out locally. In fact, since there is simply not a sufficient number of physicians refracting to possibly perform the services for all residents, no one can be really sure of obtaining the benefit readily unless optometrists participate in providing it;

(c) are not treated equally. Some subscribers in urban centres are able to have the services of ophthalmologists, whereas most subscribers in rural areas cannot avail themselves readily of the service, there being no ophthalmologist conveniently available. Almost certainly, large numbers of people will be required to wait unduly for vision examination.

18. If ophthalmologists are the only practitioners to perform the refraction benefit, then the increased, already heavy, work load of ophthalmologists may well result in the public being unable to obtain prompt medical or surgical treatment of the eyes. Likewise, those who need services of an optometric nature will be unable to have prompt attention. The public must obviously be the loser in all aspects of vision and eye care, optometrical or ophthalmological, unless optometrists are included.
19. No group is likely to be so vulnerable to these shortcomings of Bill 163 as the 1,200,000 whom the Minister of Health estimates will require whole or partial subsidy for the insurance which the Bill provides.
20. A reasonable estimate would suggest that an approximate 240,000 of this group may seek vision care each year. Here, where the need is especially great, it ought also to be most readily available. If those for whom Government is to assume financial responsibility are to be sure of receiving the vision benefits for which public funds are to be spent, optometrists must be included.
21. Bill 163 clearly denies the public its democratic right of freedom of choice of practitioners, seriously restricts availability of the refraction benefit and jeopardizes the ready availability of those vision services, concerned with pathologic conditions of the eye, which are solely medical in nature. Those for whom the Government itself will assume financial responsibility may be amongst the chief sufferers.

ADDITIONAL BENEFITS NOT SOUGHT

22. In drawing attention to the inequities of Bill 163, the Optometrical Association of Ontario does not seek the inclusion of further benefits under Bill 163. Our concern is that vision care — and other — benefits already included should be available readily and equitably. This requires the participation of optometrists.
23. This Association would not approve any attempt to correct the inequities of the Bill by the deletion of benefits already included. To do this would significantly change the

expressed purpose of the Bill which is to provide health services, as defined in the Bill, for "the maintenance of the physical and material well-being of the people of Ontario".

EFFECT OF BILL 163 ON STUDENT RECRUITMENT

24. One further result of Bill 163 would be its likely effect on the recruitment of optometrical students. The population is growing rapidly; health needs, including those for vision care, are increasing appreciably. With these inevitable increases, there can be no question as to the consequent need for an increasing number of well trained and duly qualified optometrists.
25. If the Bill's present approach to re-imbursement for services should be maintained, or if those responsible were to prove so careless of the public need that they should choose the ultimate discrimination of removing vision services rather than face the fact of necessary optometrical participation, there can be little doubt that a problem as to both quantity and quality of prospective students will be created.
26. If, as a result of legislation, too few students are available or the quality of applicants lowered, how will the Government justify the part which its decisions have played in the loss of service to the public? Certainly the Government cannot disassociate itself from the results of problems which it might create.

BILL 163 CREATES PRESENT AND FUTURE PROBLEMS

27. It would seem that Bill 163 or any similar Bill, if enacted in the form of Bill 163, would create immediate problems and set the stage for future difficulties. Two principles which Bill 163 ignores should be observed in any legislation which seeks to avoid these problems.

TWO BASIC PRINCIPLES INVOLVED

28. The principles are:
 - (a) when a health service is to be provided for by any legislation respecting medical services insurance, and more than one duly qualified and registered profession performs the same service, the public shall have free choice of practitioners. A service for which two professions have been trained and registered ought not to be deemed the prerogative of one only of them;
 - (b) all professions duly qualified to practise in the health care field should be consulted before their services are involved or affected by either their inclusion or exclusion

in the legislation . In this way each profession with its experiences and knowledge can contribute equally with other health professions in deliberations affecting them, and their services to the public.

29. If there had been such prior collaboration when Bill 163 was in the drafting stage, it is likely that the Optometrical Association of Ontario would not now be in the invidious position of having to argue its proper rights to practise, and the rights of optometrical patients to the free choice of practitioner. Unilateral action seems both unwise and unjust when it affects one of the two duly qualified and licensed professions providing vision care services in this Province; especially, since the results may be of extreme disservice to the public.

OPTOMETRIC PARTICIPATION ON ADVISORY COMMITTEES

30. There is at least some difficulty in attempting to equate health needs with recognized insurance practice. What the Government may reasonably wish for residents unable to pay insurance premiums need have no logical relationship to what the insurance industry can profitably provide.
31. This difficulty — reflected in the provisions of Bill 163, which have every appearance of being more concerned with the purveyor of services than the purchaser — is a further reason for wide representation of health services professions on any committee considering Government sponsored plans. Without such representation, such plans are likely to be more indicative of insurance thinking than public need.

CONCLUSION AND RECOMMENDATIONS

32. So that basic principles are observed; so that the vision care services provided for by Bill 163 will be equally and readily available to all Ontario residents; so that existing patient-practitioner relationships will not be disturbed; so that the present high standards of optometrical service may be maintained; so that optometrical student requirements are safeguarded; so that there will be no unfair treatment of optometry or its patients; the Optometrical Association of Ontario recommends
- (a) that any legislation to provide for Medical Services Insurance be so drafted that duly qualified and registered optometrists will participate in the provision of the vision care services benefits included therein,
 - (b) that optometry be represented on advisory committees dealing with the preparation of Medical Services Insurance legislation.

APPENDIX I

OPTOMETRICAL EDUCATION

APPENDIX II

INSURANCE CARRIERS INCLUDING OPTOMETRIC REFRACTIONS

APPENDIX III

DISTRIBUTION OF PRACTITIONERS PERFORMING REFRACTIONS

OPTOMETRICAL EDUCATION

THE OPTOMETRY ACT, 1961-62

O.Reg. 166/63

REGULATION MADE UNDER THE OPTOMETRY ACT, 1961-62

GENERAL

1. Any person desiring to be admitted as a student at the College of Optometry shall register at the College of Optometry and produce evidence of good character and shall present Ontario Grade 13 certificates or equivalent certificates in,
 - (a) English Literature and English Composition;
 - (b) Mathematics consisting of Algebra, Geometry, Trigonometry; and
 - (c) Science consisting of Chemistry and Physics,and one of
 - (d) Science consisting of Botany and Zoology;
 - (e) French Authors and French Composition;
 - (f) German Authors and German Composition;
 - (g) Greek Authors and Greek Composition;
 - (h) Latin Authors and Latin Composition;
 - (i) Spanish Authors and Spanish Composition;and
 - (j) History.
2. The course of instruction in the College of Optometry shall consist of,
 - (a) general science courses including Zoology, Optics, Human Anatomy, Physiology, Neurology, Pathology, and Psychology;
 - (b) special science courses including Physiology and Neurology of the Eye, Physiological Optics, Embryology and Comparative Ophthalmology, Optometry;
 - (c) applied science and clinical courses including,
 - (i) Mechanical and Applied Optics,
 - (ii) Personality and Abnormal Psychology,
 - (iii) Ocular Pathology, Clinical Optometry including Orthoptics, Visual Training, Subnormal Vision, Recognition of Ocular Pathology, Occupational Vision, Aniseikonia, Application of Contact Lenses, Optometrical Praxis and Dispensing;
 - (d) related subjects including English, Scientific Method, Statistics, Optometrical Research, Industrial and School Surveys, Vision on the Highways, Vision applied to Aviation; and
 - (e) such other subjects as the Board provides.

APPENDIX II

INSURANCE CARRIERS INCLUDING OPTOMETRIC REFRACTIONS:

AETNA LIFE

EXCELSIOR LIFE

NEW YORK LIFE

INDUSTRIAL LIFE

GREAT WEST LIFE

PRUDENTIAL OF AMERICA

CANADA HEALTH & ACCIDENT

COUNTY CO-OPERATIVE MEDICAL SERVICES

APPENDIX III

OPTOMETRICAL ASSOCIATION OF ONTARIO

PROVINCE OF ONTARIO

Distribution of optometrists and physicians who perform refractions resident in centres of 3,000 or more population:-

<u>TOWN</u>	<u>POPULATION</u>	<u>OPTOMETRISTS</u>	<u>OPHTHALMOLOGIST</u>	<u>M.D.'s REFRACTING</u>
				<u>OTHER THAN OPHTHALMOLOGIST</u>
Acton	4,290	Nil	Nil	Nil
Ajax	7,720	Nil	Nil	Nil
Alliston	3,046	1	Nil	Nil
Almonte	3,448	Nil	Nil	Nil
Amherstburg	4,440	1	Nil	Nil
Arnprior	5,546	1	Nil	Nil
Aurora	9,141	1	Nil	Nil
Aylmer	4,462	1	Nil	Nil
Barrie	22,048	4	1	Nil
Belleville	30,332	5	3	Nil
Blenheim	3,147	1	Nil	Nil
Blind River	3,894	1	Nil	Nil
Bowmanville	7,347	1	Nil	Nil
Bracebridge	3,032	1	Nil	Nil
Brampton	22,101	3	Nil	Nil
Brantford	54,372	12	2	3
Brockville	17,949	3	Nil	Nil
Burlington	48,482	3	Nil	Nil
Campbellford	3,502	3	Nil	Nil
Carleton Place	4,756	2	Nil	1
Chatham	29,681	5	2	Nil
Clinton	3,462	Nil	Nil	Nil
Cobourg	9,775	2	Nil	Nil
Cochrane	4,595	1	Nil	Nil
Collingwood	8,359	2	Nil	Nil
Copper Cliff	3,789	Nil	Nil	Nil
Cornwall	43,200	7	2	1
Deep River	5,428	Nil	Nil	Nil
Delhi	3,610	1	Nil	Nil
Dryden	6,203	1	Nil	Nil
Dundas	13 507	1	Nil	Nil
Dunnville	5,414	2	1	Nil
Eastview	25,105	Nil	Nil	Nil
Elliott Lake	10,582	1	Nil	Nil
Elmira	3,507	1	Nil	Nil
Espanola	5,360	Nil	Nil	Nil
Essex	3,441	Nil	Nil	Nil
Exeter	3,124	1	Nil	Nil
Fergus	3,942	1	Nil	Nil
Fort Erie	8,900	2	Nil	Nil
Fort Frances	9,362	2	Nil	Nil
Fort William	45,698	5	3	Nil
Galt	27,679	3	Nil	Nil
Gananoque	5,039	1	Nil	Nil
Georgetown	10,678	1	Nil	Nil
Geraldton	3,602	1	Nil	Nil

<u>TOWN</u>	<u>POPULATION</u>	<u>OPTOMETRISTS</u>	<u>OPHTHALMOLOGIST</u>	<u>M.D.'s REFRACTING</u>
				<u>OTHER THAN</u> <u>OPHTHALMOLOGIST</u>
Goderich	6,567	2	Nil	Nil
Gravenhurst	3,192	1	Nil	Nil
Grimsby	5,478	2	Nil	Nil
Guelph	39,790	4	3	Nil
Hamilton	266,891	30	8	2
Hanover	4,476	1	Nil	Nil
Hawkesbury	8,823	2	Nil	Nil
Hespeler	4,670	Nil	Nil	Nil
Ingersoll	7,265	2	Nil	Nil
Kapuskasing	7,157	1	Nil	Nil
Kenora	10,892	2	Nil	Nil
Kingston	48,842	4	9	Nil
Kingsville	3,079	Nil	Nil	Nil
Kitchener	77,190	9	4	Nil
Leamington	8,939	3	Nil	Nil
Levack	3,122	Nil	Nil	Nil
Lindsay	11,328	3	1	Nil
Listowel	4,106	2	Nil	Nil
Lively	3,256	Nil	Nil	Nil
London	165,709	19	7	3
Markham	5,005	1	1	Nil
Mattawa	3,340	Nil	Nil	Nil
Meaford	3,765	Nil	Nil	1
Midland	8,827	2	Nil	Nil
Milton	5,683	Nil	Nil	Nil
Napanee	4,462	2	Nil	Nil
New Liskeard	4,814	2	Nil	Nil
Newmarket	8,169	2	Nil	Nil
Niagara Falls	53,288	7	3	2
North Bay	23,186	7	1	Nil
Oakville	44,268	2	1	Nil
Orangeville	4,830	2	Nil	1
Orillia	14,663	4	1	1
Oshawa	63,022	7	4	Nil
Ottawa	268,374	29	21	4
Owen Sound	17,815	5	1	1
Paris	5,770	1	Nil	Nil
Parry Sound	6,116	3	Nil	Nil
Pembroke	16,376	4	1	Nil
Penetanguishene	4,842	1	Nil	Nil
Perth	5,529	1	Nil	Nil
Peterborough	51,907	4	6	2
Petrolia	3,743	2	Nil	Nil
Picton	4,707	2	1	Nil
Port Arthur	44,419	3	2	1
Port Colborne	15,090	2	1	Nil
Port Credit	6,801	4	1	Nil
Port Dover	3,125	Nil	Nil	Nil
Port Hope	8,056	1	Nil	Nil
Prescott	5,201	1	Nil	Nil

<u>TOWN</u>	<u>POPULATION</u>	<u>OPTOMETRISTS</u>	<u>OPHTHALMOLOGIST</u>	<u>M.D.'s REFRACTING</u>
				<u>OTHER THAN</u> <u>OPHTHALMOLOGIST</u>
Preston	11,633	2	Nil	Nil
Renfrew	8,555	1	Nil	Nil
Richmond Hill	18,160	2	Nil	Nil
Rockland	3,409	Nil	Nil	Nil
St.Catharines	83,706	4	4	3
St.Thomas	22,399	4	1	2
Sarnia	50,551	5	2	1
Sault Ste.Marie	44,031	6	1	1
Simcoe	8,663	6	Nil	Nil
Smith's Falls	9,596	2	Nil	Nil
Stoney Creek	6,521	1	Nil	Nil
Stratford	20,857	3	2	1
Strathroy	5,211	1	Nil	Nil
Streetsville	5,291	Nil	Nil	Nil
Sturgeon Falls	6,442	2	Nil	Nil
Sudbury	80,523	7	1	2
Tecumseh	4,492	Nil	Nil	Nil
Thorold	8,552	1	Nil	Nil
Tilbury	3,021	1	Nil	Nil
Tillsonburg	6,691	3	1	Nil
Timmins	29,270	3	1	1
Toronto	637,715	164	47	15
Trenton	13,147	3	Nil	Nil
Walkerton	3,968	1	Nil	Nil
Wallaceburg	7,898	2	Nil	Nil
Waterloo	22,244	2	Nil	Nil
Welland	35,645	3	2	Nil
Weston	9,651	2	1	Nil
Whitby	13,620	1	Nil	Nil
Windsor	113,550	19,	6	3
Woodstock	20,585	4	1	Nil

References:

- (1) 1963 Municipal Directory - Dept. of Municipal Affairs
- (2) Handbook of Optometrists in Ontario (1960) Board of Examiners in Optometry
- (3) The Red Book of E.E.N. and T. Specialists Professional Press 1961
- (4) The Blue Book of Optometrists Professional Press 1962
- (5) Medical Directory College of Physicians & Surgeons of Ontario January 31, 1963.

